

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | PS       | 66621  | 7/21     |
| O.I.P.E. CLASSIFIER       |          | 12     | 8/12     |
| FORMALITY REVIEW          | C.Y.C.   | 50530  | 9-12-00  |
| RESPONSE FORMALITY REVIEW | M.H.     | 625    | 06-20-01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 05/04/02 |
| 2     | ✓     | ✓        | 04/04/05 |
| 3     | ✓     | ✓        | 05/05/03 |
| 4     | ✓     | ✓        | 03/10/04 |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
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| 50    | ✓     | ✓        |          |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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